SUBMIT: <u>COMPLETED</u> APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Date Stamp(Thecewed)

AUG 297014 APPLICATION FOR PERMIT

AUG 29 2014 ENTERED

Permit #: Date: Amount Paid: せるら

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

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	STEWNED -		7.	Mailing Ac	* " {\tilde{\ti}	City/State/Z	ø ë∐	SPECIAL USE	BOA.	Telephone: 4/4	1774 174 HEN
Address of Property:	不多	3		City/State/Zip:	6 Zip:	242			9	Cell Phone:	••
Contractor:	~-j	avis	ا ا	Contractor	Sone:	Plumber:		·		Plumber Phone:	nane:
		gning Application on behalf of Owner(s)	I	Agent Phone:		gent Mailing A	Agent Mailing Address (include City/State/Zip):	tate/Zip):		Written Au Attached X Yes	Written Authorization Attached X Yes □ No
PROJECT LOCATION	Legal Descri	Legal Description: (Use Tax Statement)		PIN: (23 digits)	3-43-07	-16-40	-400-254-800U	Recorde Volume	d Document	: (i.e. Proper	Recorded Document: (i.e. Property Ownership) Volume 936 Page(s) 937
1/4,	1/4	Gov't Lot	Lot Lot(s)	CSM	Vol & Page	Lot(s) No.	o. Błock(s) No.	Subdivision Physical	iion:	٤	
Section 15	, Township	5	N, Range	€	Town of:	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Lot Size		Acreag	200
	☐ Is Propert	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) reek or Landward side of Floodplain?  If yescontinue —	r, Stream	(Incl. Intermittent)	Distance Structure	ucture is from Shoreline :	dine :	Is Property in	erty in	Are Wetlands
*	□ Is Propert	y/Land within	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yescontinue	e, Pond or	Pond or Flowage  If yescontinue →	Distance Str	Distance Structure is from Shoreline:	eline : feet	□ Yes X No	vo	□ Yes X No
≯ Non-Shoreland						-					
of Completion  * include donated time &	Project	श्त	# of Stories and/or basement	ient .	Use	# of bedrooms	Sewe Is c	What Type of er/Sanitary Sys on the propert	What Type of Sewer/Sanitary System Is on the property?		Water
T	New Construction	struction	1 21:		Seasonal	1	1 1	ity			☐ City
\$ 20.35	☐ Addition/Alteration	Alteration	☐ 1-Story + Loft		X Year Round	2 2	(New) Sanitary	ary Spe	Specify Type:		- Well
. T T.	Relocate (existing bldg)	existing bldg)	1 1			<b>\$</b>		or Vaul	aulted (min	ted (min 200 gallon)	Tour Court
	Property	IIIess of	Foundation	1 2 2		Profile	☐ Compost Toilet  None	ilet	Olli det)		
Existing Structure: (If permit being applied for is relevant to it)	(if permit bei	ing applied for	is relevant to it)	E	Length:		Width:		He	Height:	
Proposed Construction:	ion:			<u> </u>	Length:		width:		He	Height:	
Proposed Use	<b>Z</b>	Principal S	Proposed Structu Principal Structure (first structure on property)	<b>Prop</b> structure	Proposed Structure			_	Dimensions		Square Footage
		Residence	(i.e. cabin, hunting shack, etc.)	iting shac	k, etc.)		- Coin			-     -	1200
🗴 Residential Use	6		with a Porch						×		
			with (2") Porch with a Deck	ch					××	_ _	
			with (2 <sup>nd</sup> ) Deck	무					×	_	
☐ Commercial Use	Se		with Attached Garage	d Garage	of extended the designation of the second of			_	×		
		Bunkhous	Bunkhouse w/ (□ sanitary,	, or □ sle	sleeping quarters, or	□ cooking	& food prep facilities)		×		
		Addition/	Addition/Alteration (specify)	ed date) _ ecify)					×  >		
Municipal Use		Accessory Building	Building (spe	(specify)		***************************************		_	×		
Rec'd for Issuance	<b>6</b>	Accessory	Accessory Building Addition/Alteration (specify)	ion/Alter	ation (specify)				×		
		Special Us	Special Use: (explain)	Advine a sea of the debine as a sea of the s		***************************************		_	<   ×		
Carried Cigi		Other: (explain)	Other: (explain)	***************************************				(	×	)	

Address to send permit AD

ng on behalf of the owner(s) a letter of authorization must accompany this application) by 134, 2401, 154, 154

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Attach

Copy of Tax Statement 

If you recently purchased the property send your Recorded Deed 

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If you recently yo

Date

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Date

Description Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent

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Owner(s):

(If there are Multiple Owners

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[I/we] declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that It will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Secretarial Staff

11-6-14			<b>N</b>	Ounes	urjues	1/1	•
Date of Approval:				1			ture of
	structure.	suce in	_	A.		$\sum_{i=1}^{n} \sum_{j=1}^{n} (i)^{j}$	
85	attached. Mr Rum	o they need to be	No.	dijions Attached? Tes	or Board Con	Commit	Condition(s):Town,
Lakes Classification ( ) Law )  Date of Re-Inspection:			Inspected by: ////	Inspe		= 2	Pate of Inspection:
District (RBB						Record:	Inspection R
RYes I No	Owner	Were Property Li		¥Yes □ No		Was Parcel Legally Created Was Parcel Legally Created Was Proposed Building Site Delineated	Was Propos
	/Variance (B.O.A.)	Previously Granted			5	Granted by Variance (B.O.A.)	Granted by V
Affidavit Required □ Yes X No Affidavit Attached □ Yes X No	□ Yes ANO	Mitigation Required Mitigation Attached	s))	(Deed of Record)	□ Yes	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Is Parce Is Parcel in C
		4.14	<b>`</b>	Perm		12549-11	Permit #:
Sanitary Date:	# of bedrooms:		Sanitary Number: Reason for Denial:	)nly) Sanit	Issuance Information (County Use Only) Permit Denied (Date):	nformation d (Date):	Issuance Informa Permit Denied (Date):
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code  The local Town, Village, City, State or Federal agencies may also require permits.	n the Date of Issuance , Municipalities Are Rec Federal agencies may	e One (1) Year from the Cone (1) Year from th	Use Permits Expir lew One & Two Fai The local Town, Vil	NOTICE: All Lanc Construction Of N	For The	
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	ack, the boundary line from which the s	n the minimum required setba	ense. than thirty (30) feet from by the Department by us	veyor at the owner s to the same ten (10) feet but less yed corner, or verifiable	narked by a liveliseu sun n of a structure more th o other previously surve owner's expense.	ment or construction the sed surveyor at the sed surveyor at the	rior to the place ne previously su narked by a licen
e visible from one previously surveyed corner to the	dary line from which the setback must be measured must be	e boundary line from which th	num required setback, th	in ten (10) feet of the minim	Composting) of a structure with	Privy (Portable, ement or construction or magnetic properties of magnetic properties or mag	Setback to F
₩ Feet		Setback to Well	Feet		Holding Tank	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback to S
Ves XINO	odplain property	Elevation of Floodplain	70 Feet		Line	from the East Lot Line	Setback from
	etland	Setback from W	, ,	Co Hwy M S		Setback from the North Lot Line Setback from the South Lot Line	Setback from Setback from
er mark) ///// Feet	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Setback from th Setback from th	$\frac{340+}{310+}$ Feet		Setback from the <b>Centerline of Platted Road</b> Setback from the <b>Established Right-of-Way</b>	n the Centerlin the Establish	Setback fron Setback fron
Measurement	Description		Measurement	M	ption	Description	
Changes in plans must be approved by the Planning & Zoning Dept.	hanges in plans must be appi	302.85	it)	te (1) - (7) above (prior to continuing)  Setbacks: (measured to the closest point)	(7) above (prior to continuing) ks: (measured to the closest	complete (1) – (8) Setback	Please co
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	124	THE REAL PROPERTY OF THE PERSON OF THE PERSO	30'		i i		\\\\
/	o+	986		1			lot \
			2	5			
/or (*)	(*) Wetlands; or (*) Slopes over 20%  (*) Wetlands; or (*) Slopes over 20%	operty ; (*) Drain Field (DF); reek; or (*) Pond 20%	ctures on your Pr ) Septic Tank (ST) er; (*) Stream/Cr r (*) Slopes over	All Existing Stru (*) Well (W); (* (*) Lake; (*) Riv (*) Lake; (*)	Show: Show: Show any (*): Show any (*):	(4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	N
	Road)	<b>nad</b> (Name Frontage I	ot Plan ot (*) Frontage R	North (N) on Plot Plan (*) Driveway and (*) Fro	Show / Indicate: Show   Incation of (*):	100	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIALD EOMNEY, WISCONSIM
Date Timp (Received) Š 1 4 2014

Refund: Amount Paid:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

Manner Authors   Manner Audress   Manner Audress   Manner Audress   Manner Audress   Manner Audress   Manner   Manner Audress   Manner	×××
Description:   Use Tax Statement    Description:   Descrip	X
Description: (Use Tax Statement)	50000 (16 × 30)
Mailing Address:    Description:   Description:   (Use Tax Statement)   Description:   (Use Tax Statement)   Description:   (Use Tax Statement)   Description:   (Use Tax Statement)   Description:   Description:   (Use Tax Statement)   Description:   Descriptio	
Description: (Use Tax Statement)	( X
Description: (Use Tax Statement)  Descri	( X )
Description: (Use Tax Statement)	x x
Town of:  Property/Land within 1000 feet of lake, Pond or Flowage  W Construction  Property/Land within 1000 feet of lake, Pond or Flowage  W Construction  W Construction  W Construction  Project  Project  Project  Project  Property/Land within 1000 feet of lake, Pond or Flowage  W Construction  W 1-Story  Calle  Property/Land within 1000 feet of lake, Pond or Flowage  If yes—continue  W Construction  W 1-Story  Casm  Town of:  Town of:  Town of:  Y 2-Story  Casm  Town of:  Town of:  Y 2-Story  Casm  Town of:  Y 2-Continue  Proposed Struction  Proposed Structi	×××
Town of:  Property/Land within 1000 feet of flake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  W Construction  Property/Land within 1000 feet of Lake, Pond or Flowage  W Construction  Town of:  # of Stories  and/or basement  ocate (existing bidg)  Basement  Ocate (existing bidg)  Basement  Business on  No Basement  Foundation  Foundation  Foundation  Length:  Length:  CIty/State/Zip:  Contractor Phone:  Contractor Phone:  Agent Phone:  Contractor Phone:  Town of:  Town of:  Town of:  Town of:  CSM Vel & Page  Town of:  CSM CSM Vel & Page  Town of:  CSM CSM CSM CSM  Town of:  Contractor Phone:  Date of Floodplits  CSM CSM CSM CSM  Town of:  Town of:  CSM CSM CSM  Town of:  CSM	Dimensions
ty:  Odd DAQ Address:  P.O. Box 13  City/State/Zip: Contractor Phone:    Contractor Phone:   Contractor Phone:	Width: Height: Height:
ty:    Cold   Davis   City/State/Zip:   Contractor Phone:   Contractor Phone:   City/State/Zip:   City/State/Zip:   Contractor Phone:   City/State/Zip:   Contractor Phone:   City/State/Zip:   Contractor Phone:   City/State/Zip:   Contractor Phone:   Contractor Phone:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Contractor Phone:   City/State/Zip:   Contractor Phone:   City/State/Zip:   Contractor Phone:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Contractor Phone:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:	□ None
Ty:    Clty/State/Zip:   Contractor Phone:   Contractor Phone:	☐ Portable (w/service contract)
Mailing Address:  Old Davis  P.O. Davis  City/State/Zip: Cad De Contractor Phone:  Contra	Sanitary (Exists
The Day is  (Person Signing Application on behalf of Owner(s))  Legal Description: (Use Tax Statement)  Legal Description: (Use Tax Statement)  Property/Land within 300 feet of River, Stream (Incl. Intermittent)  Creek or Landward side of Floodplain? If yes—continue —  Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue —  If yes — continue	☐ Municipal/City  ☐ (New) Sanitary Specify Type:
(Person Signing Application on behalf of Owner(s))  Legal Description: (Use Tax Statement)  SE 1/4  Gov't Lot   Lot(s)   CSM   Vol & Page    SE 1/4   Gov't Lot   Lot(s)   CSM   Vol & Page    Seek or Landward side of Floodplain?   If yes—continue   Fyes—continue   If yes—continue   Fyes—continue   Fyes	What Type of Sewer/Sanitary System Is on the property?
P.O. Dox 13  serty: Old DRA  Referent Signing Application on behalf of Owner(s))  Legal Description: (Use Tax Statement)  Legal Description: (Use Tax Statement)  Lot(s)  CSM Vol & Page  15	
City/State/Zip:  City/State/Zip:  City/State/Zip:  Contractor Phone:  Agent Phone:  Agent Phone:  Out-Oud-J-43-C  Lot(s)  CSM  Vol & Page  Town of:  Town of:  Of River, Stream (Incl. Intermittent)  of River, Stream (Incl. Intermittent)	Distance Structure is from Shoreline : ☐ Yes 
City/State/Zip: Cable W 13 City/State/Zip: Contractor Phone: Agent Phone: Agent Phone:  Agent Phone:  Out-Out-J-43-0  Lot(s) CSM Vol & Page  Town of:	Distance Structure is from Shoreline : feet
City/State/Zip: City/State/Zip: Contractor Phone: Contractor Phone: Agent Phone: Ag	Lot Size Acreage
City/State/Zip: City/State/Zip: Contractor Phone: Agent P	ine viev
City/State/Zip: Contractor Phone: Agent Phone:	-254-70eas
erty:  Old DRd  Contractor Phone: PI	Agent Mailing Address (include City/State/Zip):  Attrached  Yes X No
How L. Davis P.O. Box 13:  St Old D Rd Chy/state/Zip:  Chy/state/Zip:	Plumber Phone:
on L. Davis PO. Box 1	
	Cable, WI 54821

Owner(s)

(If there are Multip

listed on the Deed  $A\!I\!I$  Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the

owner(s) a letter of authorization must accompany this application)

Date

Date

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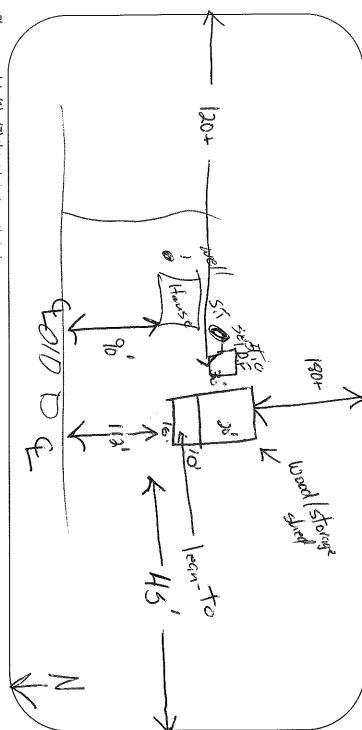
Address to send permit

Same

3

- Show Location of: Show / Indicate:
- Show Location of (\*):
- Show: Show:
- (2) (3) (5) (6) (7) Show any (\*): Show any (\*):

- Proposed Construction
  North (N) on Plot Plan
  (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  All Existing Structures on your Property
  (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

			Feet	λ'n	Setback to Privy (Portable, Composting)
		- I A A A A A A A A A A A A A A A A A A	Feet	+0p	Setback to Drain Field
9+ Feet	10	Setback to Well	Feet	10+	Setback to Septic Tank or Holding Tank
VA Feet	2	Elevation of <b>Floodplain</b>	Feet	120+	Setback from the <b>East</b> Lot Line
No No	□ Yes	20% Slope Area on property	Feet	え	Setback from the West Lot Line
N/H Feet		Setback from Wetland	Feet	1507	Setback from the South Lot Line
-			Feet	2	Setback from the North Lot Line O(d) Ko
NK4 Feet		Setback from the Bank or Bluff		,	
N LL Feet		Setback from the River, Stream, Creek	Feet	60+	Setback from the Established Right-of-Way
V/4 Feet	·k)	Setback from the Lake (ordinary high-water mark)	Feet	10+	Setback from the Centerline of Platted Road
Niedsurement	TVE	Description	-	Measurement	Description

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

## (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

**************************************	***************************************	Hold For Fees;		Hold For Affidavit:	Hold For TBA:	Hold For Sanitary: 🔲 Hol	Hold For
11-12	Date of Approval			tal	ve I Sur	Signature of Inspector:	Signature
		sture:	as in stu	bing fixtures in structure	plumba	Structure. No	Sta
11	n pushed in	red) rustinund	No they need to be attack	thed? "Yes no -(If)	d Conditions Attag	Condition(s):Town, Committee or Board Condition's Attached? In Yes Ino (If No they need to be attached.)  When most be unled for human habitation. No curtiful and the content	Condition
ction:	Date of Re-Inspection:		Funtal	Inspected by:	1.0000000000000000000000000000000000000	Date of Inspection: $1/-13-14$	Date of in
(R-1) (NA)	Zoning District ( $\mathcal{R}$ -) Lakes Classification ( $\mathcal{N}$				role	Inspection Record: Meets all setlects	Inspectio
□ No	X Yes X Yes	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Line		d Xiyes □No d Xiyes □No	Was Parcel Legally Created Was Proposed Building Site Delineated	Was Pro
		Variance (B.O.A.) Case #	Previously Granted by Variance (B.O.A.)			Granted by Variance (B.O.A.) ☐ Yes X No Case #	Granted by V □ Yes 义 No
idavit Required □ Yes 석 No idavit Attached □ Yes	Affidavit Required Affidavit Attached	□ Yes XÎNo □ Yes XNo	Mitigation Required Mitigation Attached	)) ious lot(s)) 文No XNo	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes	Is Parcel a Sub-Standard Lot	Is Parcel Is Parcel Is Str
			1	Permit Date: 1/_/4_/4		Permit #: ]	Permit #:
				Reason for Denial:		Permit Denied (Date):	Permit D
-17-78	Sanitary Date: 2-17-78	# of bedrooms		Sanitary Number: 2018	Jse Only)	Issuance Information (County Use Only)	Issuanc